

A 32-year-old man hospitalised with left side chest pain, dyspnea, constipation and twice hypotensive episode for one month. He had a traffic accident 27 years ago. In physical examination, bowel sounds were revealed on the left hemithorax. A chest X-ray and chest computed tomography showed the organs of the gastrointestinal tract in the left intrathoracic space (Figure 1). A left posterolateral thoracotomy was done, and encountered the spleen, stomach, omentum, mesenterium, small intestine, and total atelectatic left lung. Surgical diaphragmatic reconstruction was done with prosthetic graft, and partial left lung reexpansion was achieved during the operation, in postoperative 7th day total left lung reexpansion was achieved (Figure 2). The patient was discharged uneventfully on postoperative day 15.

Surgical reconstruction should be done for delayed presentation of traumatic diaphragmatic perforation, intra abdominal pressure should be followed, and the lung reexpansion should be provided in postoperative period.



Figure 1. Organs of the gastrointestinal tract showing in left intrathoracic space on chest X-ray (A) and chest computed tomography (B, C, D).

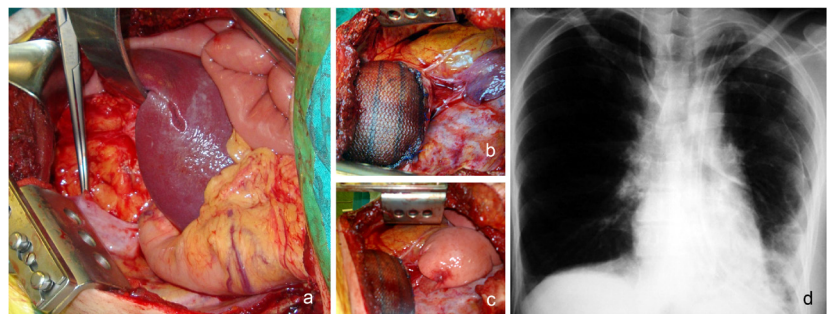


Figure 2. Intraoperative images, Spleen, stomach, omentum, and small bowel showing in the left hemithorax (A), Prosthetic diaphragmatic graft and total atelectatic left lung showing (B), Partial reexpansion of the left lung showing (C), Total reexpansion of the left lung showing in chest X-ray in postoperative 7th day (D).